PROVIDER BULLETIN

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A Publication of the Local Mental Health Plan of the County of Los Angeles Department of Mental Health

IN THIS ISSUE

NOTIFICATION OF INTEGRATED SYSTEM (IS) SHUTDOWN

In order for the Los Angeles County Department of Mental Health (LACDMH) to comply with HIPAA 5010 Standards, the Integrated System will be shutdown at 5 p.m. on March 16, 2012 through April 1, 2012. After March 16, the IS will not be available to open or view episodes, run eligibility, submit claims or submit prescriptions.

Please submit all outstanding claims before the shutdown to prevent any issues pertaining to reimbursement.

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EFFECT OF TRANSITION ON DIRECT DATA ENTRY (DDE) PROVIDERS

Direct Data Entry (DDE) providers can enter their claims into the Integrated System until 5 p.m. on March 16, and can resume submission on April 2, 2012 when the IS is brought back up. Monthly payments to DDE providers in April and May 2012 will be based on claims submitted into the IS by March 7 and April 18, 2012, respectfully. There is no change in the FFS Direct Data Entry process. Please refer to the *Fee For Service Getting Started Guide for Claiming* located at the following link: http://lacdmh.lacounty.gov/hipaa/ffs_UIS_TrainingModules.htm.

EFFECT OF TRANSITION ON ELECTRONIC DATA INTERCHANGE (EDI) PROVIDERS

EDI Claims Submission

For EDI Providers, the department will not accept EDI claims after **11:59 pm on March 13, 2012**; SFT sites will be taken off line. This earlier date is needed to fully process all EDI claims through the claiming process in order to meet the March 16, 2012, IS shut down. EDI Providers can still submit original claims via DDE between midnight March 14, 2012, and 5 pm on March 16, 2012.

Effective April 2, 2012, when the Integrated System (IS) is HIPAA 5010 compliant, EDI providers/billers will not have their claims accepted by DMH unless the provider/biller's EDI is compliant with the new HIPAA 5010 standards. EDI providers have two options for claim submission:

1) Submit EDI claim transactions in the HIPAA 5010 format
2) Submit claims to the IS using Direct Data Entry

Monthly Payment for EDI claims submission

Monthly payments to EDI providers in April and May 2012 will be based on claims submitted into the IS by March 6 and April 17, 2012, respectfully.

HIPAA 5010 EDI Testing

HIPAA 5010 testing has started and will continue while the production IS is down. Effective April 2, the testing will begin for providers/billers who are new to EDI billing. Please see instructions below for more information on what to test and how to begin.

Each provider should test the following:

- All your business scenarios (Medi-Medi, Medi-Medi-OHC, Medi-Cal and non-Medi-Cal claims).

- All elements (a variety of procedure codes, service locations and rendering providers, duplicate override code).
- Day Treatment and Residential claims if you perform these

Testing Procedures that you need to follow are listed below:

- Call the HelpDesk @ (213) 351-1335 and open a HEAT ticket. You only need to clearly state that you are calling to test HIPAA 5010 claims.
- An analyst will be assigned to each Provider that opens a HEAT ticket. The analyst will help you for the duration of your testing.
- Upload your test file to your test SFT site.
- Send an email to IS_EDI_TEST@SierraSystems.com to notify DMH that a file has been uploaded.
- **Note**: An email is required to be sent for every test file that is uploaded.
- Review response (997, 277CA, negative DMH835).
- You will be required to validate your provider's responses.
- The analyst assigned to you will contact you via email with your test results.

Please refer to the department's 5010 Companion Guide for details on the changes. The Companion Guide can be found at the following link: http://lacdmh.lacounty.gov/hipaa/EDI_Guides.htm.

CLAIM SUBMISSION GUIDELINES

It is the responsibility of each provider to submit claims for services rendered in a timely manner.

Claims must be electronically submitted to the IS to be processed, approved, converted to a SD/MC claim format and then transmitted to the State Department of Health Care Services (DHCS) for adjudication. Claims that do not reach the IS in time to be processed, approved, transmitted and received by the DHCS within six months from the date of service will not be considered timely, and will be denied by the DHCS. A Valid HIPAA Delay Reason Code [Late Code] must be entered on claims that are not received by the DHCS by the six months limitation but are under the one year limit to be accepted for adjudication in the IS.

LACDMH recommends providers submit claims weekly, and promptly review, correct and resubmit any denied electronic claims that are eligible for correction.

Please note: Claims may take 6-8 weeks to process from the date of claim submission to the IS before reaching the DHCS. Delays in claim submission will severely limit the time remaining to correct and resubmit denied electronic claims.

RECONCILIATION PRACTICES

Network providers and billing agents have been provided the tools to reconcile their specialty mental health service claims. The IS Reports, specifically the IS 704 report, and the Internet Reports 705A and 706A, have been made available for reconciliation purposes.

The IS Reports are located on the Integrated System Home Page under the "Reports" tab. You will then click on "Clinical Operations" and on page 3 is where the IS 704 report is located.

The Internet Reports link can be found at the following website: http://lacdmh.lacounty.gov/hipaa/ffs_home.htm. The Internet Reports require providers and/or billing agents to use two separate logon procedures:

1) Click the "Internet Reports" link, and the user will be prompted to enter the RSA SecurID logon information to access the reports application; and.
2) Another prompt will appear requesting the user to enter another logon which can be provided by the HelpDesk at (213) 351-1335.

To provide ease with the reconciliation process, please try to reconcile as often as possible.

A master list of denial reason codes is located at the following link: http://lacdmh.lacounty.gov/hipaa/ffs_HandlingDeniedClaims.htm.

Should you have any questions, feel free to contact Provider Relations at (213) 738-3311.

HITECH ACT

This is to inform you that the American Recovery and Reinvestment Act (ARRA) of 2009 includes provisions to encourage the meaningful use of Electronic Health Record (EHR) technology through the provision of Medi-Cal and Medicare financial incentives. The name of this program is the HITECH Act.

INCENTIVE PROGRAMS

The HITECH Act provides incentives to Eligible Professional (EPs) based on their discipline. Participation in this Federally funded Meaningful Use (MU) program is voluntary. The maximum Medicare incentive is $44, 000 and the maximum Medi-Cal incentive is $63, 750.

The definition of Meaningful Use (MU) is using certified EHR technology to:

- Improve quality, safety, efficiency, and reduce health disparities;
- Engage patients and families in their health care;
- Improve care coordination; and
- Improve population and public health

We have included several links to assist you.

1) The main CMS website to describe this program is: http://www.cms.gov/EHRIncentivePrograms. CMS administers the Medicare incentive program.
2) The State of California administers the Medi-Cal incentive program. The link is: http://www.medi-cal.ehr.ca.gov.
3) There is also a Los Angeles Regional Extension Center (REC) called HITECH-LA to assist smaller providers. The link is: http://www.hitecla.org.
4) The link to the DMH presentation on Meaningful Use is: http://lacdmh.lacounty.gov/hipaa/documents/Meaningful_Use_%20An_Overview_February_2012.pdf.